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Chair: Mr. Emmanuel Dubourg



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• (1835)

[*Translation*]

The Chair (Mr. Emmanuel Dubourg (Bourassa, Lib.)): I call this meeting to order.

Welcome to meeting No. 58 of the Standing Committee on Veterans Affairs.

[*English*]

Pursuant to Standing Order 108(2) and the motion adopted on Monday, October 3, 2022, the committee is resuming its study on the experience of women veterans.

[*Translation*]

Today's meeting is taking place in a hybrid format pursuant to the House order of June 23, 2022. Members and witnesses are attending in person in the room and remotely using the Zoom application.

With respect to interpretation, I would like to remind you that you can select English, the floor or French.

I would also like to remind you that all comments should be made through the chair.

Furthermore, I would like to inform you that connection tests have been duly carried out.

Before welcoming the witnesses, I would like to issue a warning about the subject of this study. We'll be discussing mental health experiences. That could trigger trauma for people who have had similar experiences, whether those people are here today, viewers, committee members or their staff. If you feel upset or need help, please let the clerk know.

I'd now like to welcome the witnesses, and I want to—

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Before you do that, Mr. Chair, I have a quick question for you.

We know there is a vote scheduled at 8:30. I don't know whether it's been confirmed. How do you plan to proceed?

The Chair: Usually, as soon as the bells start ringing, I must ask if there is unanimous consent among members to keep going for a few more minutes. If not, we'll have to interrupt the meeting at that time.

Mr. Luc Desilets: Very well, thank you.

The Chair: We will now welcome our witnesses.

I will begin by thanking you for being with us today. Our meeting will last two hours. At the end of the first hour, we will take a five-minute break. If, however, you need me to interrupt the proceedings, please let me know.

[*English*]

On behalf of the members of the committee, I would also like to thank you for your service.

Our witnesses for today are, as individuals, Carly Arkell, retired major, and Lisa Nilsson, retired petty officer, second class, by video conference. We also have Nadine Schultz-Nielsen, retired leading seaman, and Louise Siew, retired captain.

[*Translation*]

We are also joined by Ms. Lisa Cyr, retired corporal and owner of the Café Félin Ma Langue Aux Chats.

You have five minutes for your opening remarks.

[*English*]

I will advise you when you have one minute left and when we have to go to someone else.

Let's start with Carly Arkell, retired major, for five minutes.

Please go ahead.

Ms. Carly Arkell (Major (Retired), As an Individual): I want to start by first thanking the chair and the committee for giving me this opportunity to speak.

My name is Carly Arkell, as introduced, and I'm a retired major.

I need to apologize. I don't have a prepared statement in advance. I have a few challenges in writing using a computer, so I'll provide a little information this way.

Just to give a bit of background on who I am, I joined the Canadian Armed Forces, the naval reserve, at HMCS *Tecumseh* in Calgary when I was 17 and served with the naval reserve for two years prior to switching to the regular force, becoming an aerospace engineering officer and serving there for just over 20 years before being released in January of 2021.

To understand the experiences of a woman veteran, it's important to understand where we come from and how we got here. To give some context, because context is vital, throughout my career I had some health challenges, but nothing major: a sprained ankle here and a minor issue there. Unfortunately, in 2016 I had a sports injury while doing unit fitness training. We were doing burpees, and I slipped. Unfortunately, I had some injuries but I didn't realize the extent of them because I didn't present with typical symptoms, particularly stiffness.

In subsequent years, my health deteriorated, and because things didn't fit the standard typical template, I was dismissed and was told that it was all in my head, that I wasn't trying, that I was lazy, I was out of shape. I was not out of shape—I'm out of shape now. I don't know why things changed in how I was treated, but the change point happened in 2016, which was a year after I reported being sexually assaulted.

I had always been taken seriously prior to that, but after that, everything was blamed on my mental health. Admittedly, my mental health did deteriorate in those years following the sports injury, in large part because of the experience I had in dealing with the health care system in the military. That led to a lot of distrust of health care providers, and now, because of the complexity of my condition, I have a lot of difficulty accessing care because I'm told that I'm too complex.

To give some context with that, six months prior to my release, I was diagnosed with a rare genetic disorder. I had no idea I had it and never would have known if I hadn't had an injury. I'm grateful that I had the opportunity to serve, because if we had known about it, I never would have been able to join. I was fine as long as I was fit and healthy and basically held together by my muscles.

The struggle I have now is that I can't access care. I have an amazing family doctor, and she's willing to take me on as a complex patient. However, I have a lot of issues, and because I don't have coverage from Veterans Affairs for a lot of things, it's expensive. Sometimes I can't even get accepted into clinics. I've been turned down numerous times and have been told that I am too complex.

As I mentioned, my mental health did deteriorate with that. While I was in the service, I was unknowingly diagnosed with an anxiety disorder and asked to be reassessed, and when I was, I was told that I had adjustment disorder, which I thought was a load of something, but there was nothing else I could do about it. Once I was released, my Veterans Affairs case manager referred me to the OSI clinic, where I was assessed and diagnosed with PTSD, dating back to 2008, halfway through my career. I held myself together quite literally with my muscles and held my mental health together by being excessively busy.

To wrap it up, this has impacted every aspect of my life. Many of you have noticed prior to the committee starting that I have a few friends here who have come to support me and the other witnesses. I require a lot of help. I don't get out of the house, not because I don't want to but because I struggle to. I have to adapt and overcome, because I have no other choice. I have two children, and they need me. I have the ability to get through the day or be a good mom or fight the system, and I can't do all of that at once.

• (1840)

Thank you.

The Chair: Thank you very much, Major Arkell.

Now I'd like to invite Lisa Nilsson, retired Petty Officer Second Class. She is on Zoom.

Please open your mike and start.

Ms. Lisa Nilsson (Petty Officer, 2nd Class (Retired), As an Individual): Good afternoon, Chair and the committee, or should I say good evening? Time zones are wonderful, aren't they?

I really appreciate this opportunity and want to thank you for allowing me to speak today. I have to admit that this is the first time I've ever publicly spoken about the incidents that I endured and what my experiences in the CAF were like as a female and then, following that, my experiences with VAC.

I will admit that I am terrified sitting here, because my story is quite intense. Although I have been medically retired for three years this December, I'm still institutionalized to the point of extreme fear. I still have all the feelings associated with losing my reputation, having to rebuild it, having it destroyed again, and then having to rebuilt it—rinse, wash, and repeat.

How do I summarize a career of over 20 years in five minutes or around 800 words that is succinct, concise, hits all the points I wish to make and not sound like I'm just complaining? How do I convey to you the pain that I feel every day from an organization and a country that I have served since I was 17 years old?

How do I tell you what it was like to be repeatedly sexually assaulted, including having my virginity taken from me against my will, being abused and harassed, and withstanding misogyny, overt and covert sexism, gaslighting and more?

How can I convey what it feels like to have your MST, your military sexual trauma, weaponized against you, to be mistreated because of it and denied treatment, both medically and psychologically?

How do I tell you what it's like to be in the middle of the ocean, with no land in sight for days, or in the Gulf of Oman, or off the coast of Panama, or even 12 nautical miles off the coast of Vancouver Island, and be told that if there was an "accident", no one would hear my screams, or sailing with people who would grab my body, manipulate me, brainwash me and use me as a sex toy?

All of this is because I reported in 2001.

What can I tell you about how it feels to have women contact you 20 years later and say that they have severe trauma from the way that I was treated and that my name was used to scare and intimidate other women into not reporting?

I wish I could convey to you what it's like to be completely terrified of the people around you and only have 300 feet in which to sleep, to hide, to work, to socialize and to work out. I experienced what no woman or female or person should ever experience. The best recourse that I had was to shut up and take it, then be like a duck and let it roll off your back, go the gym, work out, meditate, do yoga, stretch, work hard, be alert and smile, but not too much; otherwise, people will think you are flirting. Just laugh it off. Be feminine, but not too much. Whatever you do, do not under any circumstances speak up or show any weakness or pain.

One could argue that the above statements are everywhere in every aspect of society, but it's just different in the CAF. It's very hard to articulate how it is different, but it just is different. Once again, it's different in the navy. I learned these lessons the hard way over around 15 years.

I've been hurt multiple times. Besides having a very healthy dose of dark humour, I have a cervical spine injury, which includes a titanium ball-and-socket joint at C6 and C7, which was disregarded as stress, and I have a cane. I have a lumbar spine injury that has resulted in three successive surgeries and left with two rods and eight screws. Both of these injuries were not taken seriously by the CAF medical system or the Vancouver Island Health Authority.

I did not get appropriate treatment on my cervical spine until I returned back to my unit, as I was posted in the United States at the time. Once again, my lumbar spine injury wasn't taken seriously until a chiropractor sent a note to the base hospital.

I sailed with these injuries, moving on a steel platform, traversing ladders and being threatened with being charged with malingering. I quote, "If you were that hurt, you wouldn't be sailing with us." I had a severely herniated disc.

I'll tell you, that wasn't much fun. As of late, I've been referred back to my neurosurgeon, as I have impacts from an accident that I had in 2019. I also hurt my cervical spine again in April. I'm still awaiting imaging for that.

- (1845)

I have been told that I have the spine of a 90-year-old. I am just 40. The only thing that has saved my life is the fact that I was very fit and that I have a great deal of muscle, which has protected me and saved my life. I am able to walk because I have the muscle mass.

My MST reporting and what happened afterwards was completely weaponized against me. My physical injuries—including concussions, spinal injuries, knee injury and shoulder injuries—were all brushed off as a mental health condition and my being dramatic.

It has taken other medical professionals, specifically male professionals, standing up for me to get treatment. I can't even begin to describe what it was like while I was pregnant. At the time, we had

to find a doctor on the economy because they didn't offer any post-natal or prenatal care.

When I hurt my neck and had emergency surgery on it, I didn't realize I was pregnant. I found that out about two months after my neck surgery. I was told there were significant issues with the fetus and the likelihood of having a full term baby was next to zero. I had to make a painful decision to agree to have a medical abortion at 22 weeks. I had to go to work the next day. I was unable to say anything. "Embrace the suck", as we like to say.

Then I got pregnant with my son. In my third trimester, I was only supposed to be working half days, but I was still working 12-hour days. I guess that is a half day, in a way. I was denied maternity and parental leave because I was posted in the States, but I was afforded the opportunity to have six weeks of convalescent leave.

There was a saying as I was going through that if the military wanted you to have a family, they would have issued you one. I heard this all throughout my career.

I could very much continue, but I'm assuming I'm getting close to being over my time at this point.

I do need to touch on my experiences with Veterans Affairs. In my experience, they are an insurance company, pure and simple. We have to provide every little bit of documentation to prove that we are actually injured. That is a challenge in itself, due to the on-going doctor shortages, especially where I am. I'm sure that it's endemic across the country. If there is no record that you sought medical treatment while in service, nine times out of 10, a claim will be denied. Therefore, the lengthy appeal process begins.

There's a stigma within the military. It means that if you're hurt, you don't say anything; you just soldier on and keep going.

In the veterans community, we have a joke that VAC operates under the premise of the three D's—deny, delay and die: Deny the claim, delay the appeal and hope the veteran dies or gives up fighting. This has been evident recently.

I personally have been denied VIP, the veterans independence program, three times, as I am not frail enough. I have been told that my husband and kids are more than capable of doing the housework or yardwork. I am 104% disabled, according to Veterans Affairs, and I cannot get help.

I have a complaint in with the Office of the Veterans Ombudsman—the OVO—for unfair treatment. That complaint has been in place for over 18 months, with zero resolution to date.

Additionally, there seem to be two different standards. There is one for officers and one for NCMs. I don't know how many times I have personally been told that rank has its privilege, element has its privilege, and the number and types of deployment have their privilege, and based on how it was explained to me by the OVO in regard to my VIP complaint, gender has a privilege as well. Additionally, not all case managers are treated or trained equally.

I would like to thank you again for allowing me to speak and for giving me my voice back.

I really wish I could expand a little bit more, but I have submitted another statement with what I've been through and how I was treated because I cannot succinctly or adequately summarize a career marked by so much trauma at the hands of my peers and by the system in the conduct of my duties.

I have a number of recommendations that can be implemented or at the very least looked into. I can discuss those in further detail when there is more time.

Thank you very kindly.

• (1850)

The Chair: Thank you very much.

I think that members of the committee can understand your going over the five minutes. It was a really courageous opening statement from you. Thank you for telling us that.

Now let's go to Nadine Schultz-Nielsen, leading seaman, retired. You have around five minutes for your opening statement.

Ms. Nadine Schultz-Nielsen (Leading Seaman (Retired), As an Individual): Thank you, Chair.

Good evening, Chair. Thank you for inviting me to tell you about my experience. I feel incredibly privileged to be here.

After 12 years of service, I was medically released in 2013 with a diagnosis of adjustment disorder, with depressed mood and anxiety. I wasn't coping well with the death of Corporal Marie France Comeau. We worked together as flight attendants at 437 Squadron in Trenton. After years of sexual harassment and assaults while serving in the navy, I'd finally come to a career-ending realization: If you can't trust the wing commander, whom can you trust? I no longer felt safe in uniform and I could no longer function in the uniform.

Back in 2013, there were no supports for MST. The term "military sexual trauma" didn't exist yet within VAC. When I approached my local OSI for support, I was told that they would have to ask the men if they were okay with my joining them because it might be uncomfortable for them since my experience was so different. I found support online and through peer support I learned how to support myself as best I could from home.

MST comes with invisible pain. It doesn't show up on scans or the tests that VAC used to determine eligibility for benefits, so for years I was being denied benefits because my doctors didn't believe that I was as bad as I was saying I was. I was told that my pain was not real because I was not begging for narcotics and that my mental health wasn't that bad because I showered before my doctor appointments. I didn't fit into their box. I desperately needed help in-

side my home, but I couldn't get VIP for mental health only. I applied anyway and was told, for example, that outdoors was my husband's area, so I could only be supported for housekeeping.

My husband has an autoimmune disorder and is often bedridden for weeks....

I'm sorry.

• (1855)

The Chair: Take your time.

Ms. Nadine Schultz-Nielsen: Another time I was told I wouldn't be supported because getting up and cleaning my house every day should give me a sense of purpose.

My mental health has hindered my ability to apply for benefits. I'm not able to appeal benefit decisions within a certain amount of time.

Over the past 10 years.... I'm sorry. I've lost my spot.

The Chair: Take your time. There's no rush.

Ms. Nadine Schultz-Nielsen: Over the last 10 years, I've deteriorated to the point where I struggle to do anything paperwork-related, including opening mail. Just confirming my appearance to speak here took two days and a migraine to fill one piece of paper to come here. My statement was also late to be translated.

I struggle with deadlines. I don't understand it; I used to be so reliable, but now my taxes are always done late and my bills are rarely paid on time. I've heard that there are supports out there for me, but I feel stuck and I don't know how to ask for help.

My children were born in 2011 and 2013. Every day of their lives has been affected by my mental health. First it was the rage that came with my PTSD that I was diagnosed with in 2014. Now it's the depression. I worry about my children a lot. Even though I'm home, I'm never there. I do my best, but I don't know how to explain it to them; my doctors can't even explain it to me.

In 2016 I was diagnosed with major depressive disorder after another devastating denial by VAC. I haven't been the same. I have no fight left in me. I go through periods when I can't get out of bed for weeks. If I get my children to school on time, my daily goal has been reached.

In 2020, I finally got approved for VIP, but it's not enough. Just last week, I asked for a review of my VIP and my mental health. I received an approximate wait of four months for paperwork. I'm not sure if that's good or bad. It doesn't matter to me. I have supports in place, so I'll see what comes of it.

Chair, I'm here today because I don't want anyone else to feel the way I have felt. I can't understand why an organization that was supposed to take care of me and support me would cause me so much mental trauma. I've had to take breaks from VAC. I burn out, I deteriorate and I end up in crisis from what has felt like a constant stream of negative interactions.

Then after a few months or years, I try again because I understand that I can't do this on my own. VAC is an organization designed by men for men, but I know that there are those out there who are working to make it better. I know there's been a gender-based analysis report that's yet to be released, to my knowledge. Your committee proves to me that people see that there have been serious issues, and I'm hoping that there are more positive changes to come.

Thank you.

The Chair: Thank you so much. The members of the committee hope too that there will be some positive change.

I would like to invite retired captain Louise Siew to go ahead for five minutes, please.

• (1900)

Captain(N) (Retired) Louise Siew (As an Individual): Mr. Chair and members of the committee, good evening. Thank you very much for giving me the opportunity to come before you today.

My name is Louise Siew. I was a regular force logistics officer who joined the Canadian Forces in 1975, served 35 years and retired as a naval captain in 2010. I was also a married service spouse and mother. I have witnessed first-hand how generations of women have been treated in the Canadian Forces. I have chosen to testify today, as I know that important committees such as yours can be a catalyst for change.

I'd like to start my testimony by challenging the premise that the opening of all combat classifications and occupations to women in 1989 was the watershed moment for change for women in the Canadian Forces. It was not. It was the Royal Commission on the Status of Women in Canada in the early 1970s that made the most significant change for women when it opened up the opportunity for them to have a career in the Canadian Forces. Up until that point, the majority of women who enrolled in the Canadian Forces were unlikely to have a career. The average rank was private, and the average time in the military was 18 months. The technical trades and other well-paid trades were not open to them.

All that changed as a result of several key recommendations that flowed from the commission report. It recommended that women be allowed to stay in the military if they got married or had children. It recommended that many of the classifications and occupations previously closed to them be opened. This fundamentally broke down two key barriers to the success of women in the military. They could now have a career and they could now demon-

strate their value to the military, as operational support trades and classifications were now open to them. They now had access to positions right across the CF, including in support of operations. It was then only a matter of time before other barriers started falling, as the value of their contributions became more widely recognized.

I would be remiss at this point if I did not note that the commission report also recommended that women be finally allowed to join the RCMP.

The next position that I'd like to dispel is the notion tabled by Lieutenant-General Bourgon to this committee that in relation to women in the CF, the policy had been one of assimilation, in contrast to the aspirational goal of inclusion that they are fostering today. Referring to what happened in the past as "assimilation" is concerning to me, in that it was not the reality that I observed. As someone who enrolled in 1975, I can state that overall the military, forced into this change in the 1970s, did so begrudgingly and with an unwillingness to accommodate women. They maintained this posture for as long as they possibly could. They proactively dismissed, mistreated, humiliated and even hurt us.

Both policy and culturally based barriers set conditions for abuse and harassment—physical, mental and sexual—and negated our voices. They both specified and implied that women could be discounted and abused without recourse, a climate that social scientists now describe as "otherism". The CF needs to account for the conditions of service that women endured in the past and the resulting health and well-being effects. As well, VAC needs to recognize the impact of this history in their adjudication process for disability claims and in the availability of programs and services to meet the needs of all women veterans.

On a more personal note, I was the first woman in every position I held. I knew how important it was for those who would come after me for me to do well. My last command was of an organization of 5,000 people, which included the responsibility for all the supply and ammunition depots of the Canadian Forces and provided the strategic-level logistics support to the war in Afghanistan.

As well, during the years I served, I was not silent regarding the conditions of service for women. I consistently challenged the status quo and fought for better equipment for women and better opportunities in terms of service. As I saw the barriers to the progress of women, I challenged them. I volunteered to serve on merit boards. When I saw women being mistreated, I spoke up.

● (1905)

I successfully redressed the maternity leave policy. I wore my own version of a maternity uniform when the military offered me no uniform option. I maintained an informal network of hundreds of servicewomen from across the Canadian Forces to whom I would pass on information regarding ongoing issues such as equipment, uniform, maternity benefits, etc. I fended off sexual aggressions and suffered many rebukes for my activism, and I always felt like I was on my own in these fights.

You also need to know that serving women pick their battles. They cannot fight them all, as it is always weighed against the potential damage to their careers, as we've heard about today.

In closing, I believe the CF owes the women who served a full and open accounting for how they were treated in the past, literally generation by generation, up until the recent initiatives, so that their disability claims being submitted to VAC are better supported.

I also believe that VAC has been negligent in their support to women, and they need to significantly address their shortfalls, as I fundamentally believe the strides being made today by the CF for women today are not being matched by VAC.

I'm also concerned that you've heard little from the Canadian Forces to assure you that women in the reserves are receiving the same transition and mental health care, when needed, as their regular force counterparts.

Finally, women should not be fighting these battles alone. I implore you to support them and be the agent of change of this generation, which the Royal Commission on the Status of Women was in the early 1970s.

Thank you for your time. I look forward to responding to your questions.

The Chair: Thank you so much, Captain Siew.

Now let's go to retired corporal Lisa Cyr, the owner from Ma Langue Aux Chats cat café.

You have five minutes, please.

[*Translation*]

Ms. Lisa Cyr (Corporal (Retired) and Owner, Ma Langue Aux Chats Cat Café): Thank you, Mr. Chair.

I'd like to thank the committee for inviting me to appear today.

I joined the Canadian Armed Forces in 2007, when I was 31 years old. I had a bachelor's degree. I was offered entry into the forces as an officer, but I wanted to see what it was like to be a non-commissioned member first, before pursuing my dream of being an officer at some point. However, that's not how my career turned out.

I joined the forces to serve my country and serve overseas, with values of respect, honesty, and so on. I quickly found out that wasn't the case at all.

My career began with harassment, right off the bat. There was an incident with a colleague, during which the principles of honesty and respect were not followed. I was blamed. Because honesty and respect are important values to me, I ensured that this 18-year-old young man was compensated by the forces after four years for a problem caused by a superior on a power trip. I won't go into greater detail, as it would take a very long time. Some time later, a master warrant officer came up to me, inches from my face, and said, "If you want your career to go well, you'd better stay away from Plamondon and his family." I replied, "You taught me that once you're paired up with someone, it's forever."

My career started like that in 2007, 2008 and 2009. I was still experiencing harassment. I was told that women had no place in the forces, that at 31, I was much too old, that I had no business being in the forces. They made that type of comment. It was psychological harassment, sexual harassment. I was told, "Keep your mouth shut or you'll get killed." I've experienced it. During a drill, I was once told, "Do you want to be left behind in the field?" I was told that, given my career, I'd better take it really easy, better not speak up, otherwise it would be even worse, it would be the whole group. I think several women have made, or may make, similar statements. These are things I've experienced.

Psychological harassment is very strong. It doesn't matter how strong you are, if you take a few hits here and there, at some point you lose faith in your chain of command and institution. For me, the Canadian Armed Forces was the most glorious institution, and the one I should have trusted the most, because they're the ones who defend our country. On the other hand, when your country's own members destroy you, you don't know who you can trust anymore.

My chain of command destroyed me in every way. They went so far as to tell me it was all in my head. I was prevented from visiting my family. My doctor and psychologist were telling me to go see my family to clear my head. But when you're on sick leave, you can't go further than 50 kilometres away. My family is in New Brunswick, 300 kilometres away. I was asked to submit a request to be allowed to visit my family, but my chain of command refused, because there are mandated programs. These programs actually focus on harassment. There are all kinds of programs, but the forces don't abide by them. They exist and we do some every year, but a lot of people don't abide by them.

You get shut down because you're a corporal, because you're a woman, because you're old. You get pushed aside because you asserted yourself. In the forces, you mustn't assert yourself, especially if you're a woman. You get sidelined when it's time for missions. I've been told, "Cyr, you're doing really well here. He's just arrived, he doesn't know the job, so he's going on a mission. You're going to stay here and do background work."

● (1910)

At one point, I received an email and I was happy, because I was about to leave on a mission. I still had a 13-kilometre exercise to do. It's a major exercise, and very demanding. The day before, you're normally meant to be resting. Other soldiers can confirm this. However, the day before my exercise, my superior asked me to go and do topography, in the rain, until 11 o'clock at night. The 13-kilometre exercise was at 6 a.m. the following morning. The next morning, I went for my 13-kilometre exercise. With 200 metres to go—I could see the trenches—I crumpled and fainted. When I woke up, I was in hospital. The first thing I asked was whether I'd finished my 13 kilometres. They said they didn't know and that I'd been out for 45 minutes.

The Canadian Armed Forces don't talk about that. Those things are hidden. They cast doubt. What was said about me was that Corporal Cyr is a coward, she went 200 metres and stopped. Instead of explaining to members what's going on, they leave all kinds of things hanging in the air, which means they're always hassling people when they're injured or things happen.

I was in hospital for a week. Pardon the expression, but I peed blood for three days. Before I left, the hospital doctors gave me a medical note saying I had to spend two weeks at home, resting. Then I went to see the forces' medical services. That's another big shortcoming: the military system doesn't respect the civilian system. You have to fight all the time. When I went to the forces medical staff with my note, they said, "What, you want another vacation? You just spent a week in hospital." I got into a big fight with the doctor and said, "You look at what's written here, look at all the instructions the doctor has just written about what I've just been through." He told me he was going to give me the day off. I was back on Friday and the weekend was starting. I said, "That's fine, give me that. Monday morning, you won't be seeing me, believe me."

We have to fight constantly. I'm speaking as a woman. I have male colleagues who also have to fight, but it always seems to be worse for women. A civilian doctor is a doctor. It seems to me that when a civilian doctor gives instructions, we shouldn't have to fight with military base doctors to follow them. The doctor should say that regulations must be followed.

The same holds true for harassment. If you try to raise it, you get harassed. You're told that you're a loser and you're just trying to get time off. No one explains to people what happened, so we get sent somewhere else. In my case, I was sent to another unit and told I was going to be promoted to a senior position, but I was lied to. That wasn't it at all. It was harassment, pure and simple.

I was doing some training on the base. I had a 20-minute demarcation drill to do. One morning I was told, "This morning it took

you 23 minutes, but the warrant officer and I did it in 20 minutes." It was constant harassment. They were constantly nit-picking.

At one point, I was forced to fall to my knees and ask for help, because either I was going to kill the person or I was going to kill myself. I got to the point of writing a suicide note. Unlike others who had committed suicide, if I went through with it, I wanted the media to know why and find out about what was going on in this deeply flawed system.

Two years before I left the forces, so in 2017, I was diagnosed with post-traumatic stress disorder. I burst into tears. I told myself that I couldn't have this disorder, since I hadn't been on a mission. I was told that my war had been fought on the base. I couldn't accept this diagnosis. For two years, from 2017 to 2019, I didn't leave home. They were calling my house constantly for a year. As I previously said, they refused to let me visit my family. I was asked to fill out a request for authorization, but it was refused. To make sure I didn't visit my family, they called me at home morning and night. What does that do to a person? At some point, the brain gives up. I didn't even dare go out on my own turf anymore.

● (1915)

What saved my life was buying my restaurant and my cats. That's what continues to save my life every day. Even so, buying the restaurant got me in trouble with Veterans Affairs Canada. I saved my own life by having a business that allows me to get out of the house. I've created a safe haven, a refuge, a place to recuperate, to help me return to public places, but I've been forced to pay back an amount of money to the Manulife insurance company. Yet I'm not being paid by my job; I'm paying. This issue is still unresolved today, in 2023.

When we get out of the forces, Veterans Affairs tells us that everything is fine. Today, I dare to hope it's better, because things are done electronically. In my case, it was still paper forms in 2019.

In 2020, I was told I owed Manulife \$27,000 or \$37,000. I called Veterans Affairs to find out what was going on, and learned that between 2019 and 2020, I had not received 15% of my income from Veterans Affairs. No one at the minister's office bothered to call me to let me know. People suffering from post-traumatic stress disorder are not there. We're having trouble with the paperwork. I'm still struggling. I have a business, but I have people looking after my business. I'm here for my personal well-being. No one from Veterans Affairs called me to say there was a problem because I wasn't getting my money. I hope things like this will improve.

Thank you for giving me the opportunity to speak. Thank you for making room for women.

The Chair: Thank you very much, retired Corporal Cyr. You will have the opportunity to tell us about your business during the question period.

Committee members, witnesses, we'll move on to the question period. Normally, there are four six-minute turns. However, in order to respect the scheduled break time, we will proceed with the first two interventions, take a break, and then return to hear the other two six-minute interventions.

• (1920)

[*English*]

Without further ado, I'd like to invite the MP for Moose Jaw—Lake Centre—Lanigan, Mr. Fraser Tolmie, to take the floor for six minutes.

Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): Thank you, Mr. Chair.

Something has struck me, but I want to say thank you for your service. I know your service career has not been easy and your post-service has not been easy, either. We've had five witnesses come here to speak about being women veterans, and I feel as if we're just scratching the surface of your careers. I almost feel as if we're not doing you a favour for sharing some of the experiences you've had.

I will get into some questions here, but I want to say thank you for your courage in coming forward and sharing your testimonies. You have entrusted this committee with being able to, hopefully, make a change not only in Veterans Affairs but also for those who are serving and will serve. You've made a better place for my daughters, so I want to say thank you.

A couple of things stuck out to me in your testimony, Major Arkell. You were turned down by clinics. We're here to speak about Veterans Affairs, but could you quickly elaborate on that? I have a few questions I have to ask other people, but I'd like to understand how you were turned down by clinics before you even got in there.

What's that about?

Ms. Carly Arkell: Thank you for the opportunity to speak about this. There have been a couple, but the one that really stands out was actually from last fall. As part of my injuries, I discovered I had hip pain and ultimately it was determined that I had hip dysplasia. I was fortunate enough not to have arthritis, but in order to prevent that, the only treatment was surgery. It's major orthopaedic surgery called a periacetabular osteotomy, and they were cutting my pelvis in three spots, rotating it and pulling it together with multiple screws.

Because, as you can see, my shoulder issues, I can't use crutches or do other types of weight bearing through my arms so I was going to need a wheelchair. I was also going to need assistance and rehab was going to be complicated. Last September I had surgery and was immediately referred by the hospital physiotherapist to the rehabilitation centre complex orthopaedic rehab program. I was assessed by the psychiatrist and he told me that I was too complex. I was stunned. My mental health struggled. For the rest of that day I was.... If I was too complex for them, where was I going to go? What was I going to do?

One thing I wanted to mention with this opportunity is that I said, "What am I supposed to do?" He said, "The military can treat

you." I said, "I'm not in the military anymore." He said, "Then Veterans Affairs can treat you."

Mr. Fraser Tolmie: We see that the person who served is the same person. You're going from one organization to another, and that's a common theme and thread that we've seen here. Thank you for that.

Ms. Nielsen, you mentioned what was called an "adjustment" disorder. Could you explain that to me? I know Major Arkell had a little bit of a laugh. You said that it was—I won't use the terminology—in your head.

Ms. Nadine Schultz-Nielsen: You're asking about adjustment disorder? Adjustment disorder is basically when there's an event, and you're unable to get over it for, I think, under six months. Anything after that kind of becomes PTSD.

• (1925)

Mr. Fraser Tolmie: I want that explained so it's on the record so that people understand what that is. Being ex-military we use a lot of acronyms and not a lot of people understand that, so I need for others to understand that.

It's an interesting comment: VAC is an organization designed by men for men. I think that's a takeaway for us.

Can you speak to the stress that it causes you dealing with Veterans Affairs, because we talk about PTSD and we talk about the emotional drain. I want to know what it's like to deal with an organization that treats you like you're an insurance claim when you should be treated like a veteran.

Ms. Nadine Schultz-Nielsen: Thank you.

It tears at your very core to have an organization that's supposed to treat you, and it treats you as a second-class citizen. I have gone through moments where I felt suicidal after talking to Veterans Affairs. I've actually had a time when Veterans Affairs has sent the OPP to my house because I was in crisis and I was begging for help, and I told them, dealing with you makes me not want to live anymore.

They called the OPP and said, go get her. It's heartbreaking. It feels like a constant betrayal.

Mr. Fraser Tolmie: I'm sorry. Thank you for sharing that with me. I appreciate it.

The Chair: It's tough to stop those conversations....

I'd like to invite the MP from Mississauga—Streetsville, Mrs. Rechie Valdez, to take six minutes, please.

Mrs. Rechie Valdez (Mississauga—Streetsville, Lib.): Thank you, Chair.

Thank you to the witnesses who have joined us.

I just want to say that you were brave when you served, and I actually believe that you are braver now, even more so, to be able to share your testimony with all of us. Thank you very much for that.

Last Monday, the VAC department joined us. They mentioned that they've changed their policy for MST. They accept personal statements without the need to provide corroborating evidence. I want your opinion on that.

I'll start with you, Major Arkell.

Ms. Carly Arkell: I was very fortunate that I didn't apply for anything related to MST until after the policy had changed, although the initial incident leading to my PTSD wasn't related to MST. It was operational. That's a whole other thing. The fact that there was an MST component to it meant that it was actually reviewed and processed very quickly. It was the only application that has gone smoothly. I'm grateful for the changes they made, but I know that it was long and hard fought.... I'm grateful.

Mrs. Rechie Valdez: Thank you.

Nadine Schultz-Nielsen, did you want to weigh in on that?

Ms. Nadine Schultz-Nielsen: I have never applied for my MST through Veterans Affairs. I am incredibly grateful that they are taking steps forward and trying to help us, but I can't speak to the experience personally because I haven't applied.

Mrs. Rechie Valdez: Thank you.

Through you, Mr. Chair, I will direct my questions to Lisa Nilsson, who is online.

There are various programs for the victims of MST, such as the sexual misconduct support and resource centre, the peer support program and talking to mental health professionals.

Could I get your input on these services? Have they helped you at all? Have you observed any improvements over the years?

Ms. Lisa Nilsson: I had to self-refer to the OSI clinic. I wasn't offered any support. Very much like my fellow witness, I was diagnosed with adjustment disorder as well. That I couldn't handle change was essentially what that was, but I had been suffering from PTSD for over 20 years. It was never identified or treated appropriately.

Finally, after I self-referred and the OSI clinic spent almost two months asking for a referral for me, I got in. It still took almost nine months before I got to see somebody. It took another four months, or maybe five, before I actually got my first appointment with a therapist. There was an informal peer group that did help me a bit, but to be perfectly honest, it was what happened to me, and after I reported, it was much better for me to not say anything and to just keep my mouth shut.

I hope that answers the question.

• (1930)

Mrs. Rechie Valdez: It does. Thank you.

[Translation]

My next question is for Ms. Cyr.

I understand you have a cat café. Can you tell the whole committee what you told me about your 15 cats?

Ms. Lisa Cyr: I bought this café to save myself, first of all. Following my diagnosis of post-traumatic stress disorder, I also started having fibromyalgia. This coffee shop gets me moving.

I have 15 cats, named after my friends who died by suicide or died in Afghanistan. Every morning, if I'm not feeling very well, I look at my cats and think of my friends to whom I've paid tribute. I tell myself they're gone, but I'm still here. It allows me to take another step forward. It allows me to move forward.

This café also allows me to have a place for veterans, a safe space, a lighthouse. For me and for veterans, it's a place to rest. When I'm not well, my cats sense it. They come to see me, and they're often the ones named after my close colleagues. The aim of this café is to show people that my colleagues didn't die in vain, and that the mental health of veterans and military personnel is fragile. It's also to say that they need to be cared for, and that they shouldn't end up committing suicide. It must not come to that. That's my battle every day.

Your giving me a voice is important. It's important to me, it's important for women and it's important to all the military and all the veterans. It's priceless. I hope that the studies you're doing in committee will help change things in the future and that we won't have to fight anymore.

You know, I turned 47. Every day, I fight. I fight physically. I fight mentally. These women fight, and so do others.

When I walk into my restaurant, I have priceless strength. I know my colleagues are there. I know they're with me. It keeps me going, keeps me from staying home, because I know there is darkness if I stay home. I wouldn't be here today if it weren't for this coffee shop.

Since April, we've been rescuing a veteran. We got a call that he was on the verge of suicide, on the side of the street. He's at my place now. Every morning, he gets up and comes with me to the restaurant. Two weeks after his arrival at my place, he wasn't the same man. The battle isn't won, but it's a source of pride to see that we've led him in the right direction. If we manage to save a veteran, that's one more battle we win.

That's what I'm trying to do. We're no better than anyone else, but so much the better if we can be a role model for veterans. That's what it takes. It also takes people like you to back us, to support us and to be behind us.

• (1935)

Mrs. Rechie Valdez: Thank you very much.

The Chair: Thank you, Ms. Cyr.

Thank you, Ms. Valdez.

I think it will do us all some good to take a five-minute health break to stretch our legs. I would ask you, however, to respect the five-minute time limit for the break.

[*English*]

We're going to have votes at around eight o'clock. We would like to be able to maximize the time that we have with you.

The meeting will suspend for five minutes.

• (1935) _____ (Pause) _____

• (1940)

[*Translation*]

The Chair: We are resuming the meeting.

For the next six minutes, I invite the member for Rivière-des-Mille-Îles, Mr. Luc Desilets, to speak.

Mr. Luc Desilets: Thank you, Mr. Chair.

Good evening, colleagues.

Good evening, dear guests. Thank you very much. On the one hand, I thank you for your service. On the other, I thank you for being here and agreeing to share such suffering with us. It's a little disturbing to hear you. It's shocking at times. I find you very courageous. I try to put myself in your shoes, and I don't know if I'd have the same courage.

My first question is for you, Ms. Cyr.

First, I must say that you were quite humble in presenting your organization. I've visited it two or three times, and it's an extraordinary organization, off the beaten track. It's not just a restaurant, but an anchor point for veterans in the Quebec City area. You offer a form of pet therapy. It's a fascinatingly calm place. So, my hat's off to you. We could use a lot of places like this elsewhere in Quebec and Canada.

You were in the Canadian Armed Forces for 12 years, but you were never sent on a mission. I imagine you would have liked to. How do you explain the fact that in 12 years, you were never sent on a mission? Do you attribute that to anything in particular?

Ms. Lisa Cyr: It's most likely because I was a woman, I was older than the average person and I wasn't the beautiful doll they would have liked. I've had physical injuries too. When you have them, you're worth nothing, and it's very difficult to get treatment. We're told it's all in our heads. We're given Tylenol, Advil, Motrin or Antiphlogistine, and told to deal with it.

For example, I was told, "You, Cyr, you are going to stay here, because you have experience in the unit, in your section. The new kid doesn't know anything, so he can't handle things." So he's going on a mission. He'll get the medal. As for me, they told me I was going to stay behind, I was going to slog 12 or 13 hours a day, because it takes people to make up for the labour shortage, and I'd get nothing.

At the end of the day, when you get out of the forces, you feel a bit like an imposter as a veteran, because in people's minds, veter-

ans are people who have been on missions. In the eyes of some members of the Canadian Armed Forces, if you haven't taken part in missions, you're not a veteran.

• (1945)

Mr. Luc Desilets: I have to stop you here, because otherwise I know you're going to take up my full six minutes. However, what you're saying is fascinating.

Would you be able to estimate the percentage of women in the Canadian Armed Forces who, as you've experienced, are not sent on missions? This is not the exception, as I understand it.

Ms. Lisa Cyr: I would say that more than half of women are not sent on missions.

Mr. Luc Desilets: Really? Good grief!

You said something else that made a terrible impression on me earlier. You had a medical note from a civilian doctor, and the armed forces doctor you presented it to didn't acknowledge it or agree to implement it. Is this correct?

Ms. Lisa Cyr: Yes.

Mr. Luc Desilets: I find this appalling. It's as if the Canadian Armed Forces were above the law. I don't know of a single organization, certainly in Quebec, that would refuse a medical note from a civilian doctor. I find that sad.

I have many other questions for you.

You've talked a lot about the harassment you experienced in the army. Obviously, you attribute this to the fact that you're a woman. Do men not experience this type of harassment at all?

Ms. Lisa Cyr: There are men who are harassed too.

Mr. Luc Desilets: Are there?

Ms. Lisa Cyr: Yes, and I've been psychologically harassed by women, too. The last one was a woman, who was probably the men's puppet. My unit sergeant-major said that he'd never spoken to me, even though he knew full well that I'd said to his face, "Get me out of here, because I'm not feeling well. My mental health is suffering. I'm going to strangle her." He said, "Well! I could give you a posting in Montreal." Come on! It wasn't a posting in Montreal I wanted; I just wanted to get out of that place. Yet he claimed that he'd never spoken to me, until I made an official complaint.

Even though I made an official complaint and won my case, this person received no sanction. This is unacceptable. When I asked what sanction this person had received, I was flatly told, "It's none of your business." I was the one who had been harassed, but I had no right to know what sanction the person who had aggressed me had received. What I found out later was that she'd been promoted to chief warrant officer.

Mr. Luc Desilets: I have another question. You discussed it with me, but I want you to tell my colleagues.

You've had and still have several illnesses that aren't recognized. Can you name them?

Ms. Lisa Cyr: Following post-traumatic stress disorder, there was fibromyalgia, which Veterans Affairs Canada still refuses to recognize.

I have bladder and bowel problems. As soon as I have a moment of stress, it affects my bladder, and I have diarrhea. I won't hide my ailments from you. I go to the bathroom, wipe myself and there's poo. It just comes out. There are other veterans who will tell you. They may be embarrassed to say it, but we're here to tell it like it is. My employees at the restaurant have gotten used to seeing my panties full of urine in the wash basket. At first, they'd exclaim and wonder what they were doing there. Now they're used to it. They know it's because I didn't get to the toilet in time. If you take a look at my restaurant, you'll see it's not very big. I experience stress when a lot of people come in. The stress gets to me, and then it gets away from me. Veterans Affairs won't acknowledge it. It started after I was diagnosed with post-traumatic stress disorder. It's clearly written, too.

Fibromyalgia was recognized by a physiatrist, but Veterans Affairs won't recognize it. I've just, after four years, been accepted for housekeeping in our home. My application had not been accepted before. An occupational therapist at Veterans Affairs even told me that it was all in my head, that I should stop complaining and telling them my problems, that then it would be fine and I could do my housework without any problems.

Mr. Luc Desilets: Thank you, Ms. Cyr.

The Chair: Thank you, Mr. Desilets.

• (1950)

[*English*]

Now let's go on Zoom.

I'd like to invite the MP from North Island—Powell River, Ms. Rachel Blaney, to take the floor for six minutes, please.

Ms. Rachel Blaney (North Island—Powell River, NDP): Thank you, Chair.

To put on the record quickly, I know we will be called for a vote. My recommendation is that we agree to vote by app, take five minutes to do so and then give these women the precious time they deserve.

I'll leave that to you, Chair.

First of all, I want to thank the witnesses so much for their powerful testimony today and for their service. I also want to honour all of the women who are there in the room behind you. I am really moved by how many people showed up to stand with you and how important it is that these voices be heard. Thank you for testifying, and thank you also to those who showed up.

I think the words and the behaviours you have are symbols of the warriors that you are. I want to thank you for that and for being agents of change and for allowing us, as members of Parliament, to also be agents of change by advocating and amplifying your voice.

My first question is to retired major Carly Arkell.

I understand that VAC denied your disability claim based on your genetic condition. I'm wondering whether you could talk a little bit about the fact that your physicians were very clear that your service aggravated the condition. Has VAC accepted that?

Ms. Carly Arkell: Thank you for the opportunity to speak about this.

It was clear that the injuries were related to service, and I have awards for a couple of specific joints. However, as an overall whole person, when I applied for the specific condition called Ehlers-Danlos syndrome, despite there clearly being information in my medical records, the Veterans Affairs medical officer who reviewed the file....

I actually have a copy of it, because I'm appealing it. The BPA provided me with that to provide my civilian doctor.

The Veterans Affairs medical officer zoomed in on the medically unexplained symptoms, so he pulled out evidence of the mental health department saying that it was all in my head. A couple of physicians said, "Yes, you're flexible, but that's normal. That's nothing. You're just stressed and you need to get more sleep in order to manage your stress."

I'm in the process of appealing it, but because there are no guarantees it's going to be successful, my case manager advised me to apply for each individually affected joint. I currently have an award for my left shoulder, my lower back and bilateral hips.

Once I was denied the overall condition, I submitted additional applications for my neck, my right shoulder, bilateral wrists, bilateral thumbs and bilateral ankles, and I was immediately sent a medical form for each individual joint. I have to have a medical appointment with my family physician for each individual one. I am extremely fortunate to have a family physician, and I am extremely fortunate that she's willing to spend the time on that, but that takes away from treating my other conditions. That takes time in her schedule away from other patients, and it's ridiculous. My physiotherapist is doing the measurements for the range of motion and could easily fill out the forms, but it has to be a medical officer.

I can't fill out the forms on my own. I need help to do that and then I need help processing that. All my energy is going towards that, so I can't apply for other conditions.

I have gastrointestinal issues. I have issues with my autonomic nervous system. As a result of all of this other stuff, I have a condition that resembles long COVID. I had it before COVID happened, and it's debilitating.

Ms. Rachel Blaney: Thank you.

I'm going to go to retired petty officer Lisa Nilsson next.

You have a wheelchair that was provided to you while you were still serving in the CAF. Recently, you needed a minor repair. Will you tell the committee what happened when you approached VAC and what you did to fix it?

Ms. Lisa Nilsson: I will give you a bit of a background, if that's okay.

I had these injuries before, and I was selected and I was competing in the Warrior Games in Tampa in 2019. I had an accident while I was there and I had a neurogenic shock. I actually damaged my C2, C3 and C4 vertebrae, I believe. It took a bit.... Initially, the swelling went down. It's a long story.

Anyway, CAF had bought me a wheelchair to assist with functionality for me to go long distances and for pain. Once I retired, I needed a quick brake adjustment. It was going to be \$50 per brake. I went to VAC to submit the claim. They denied me and said two things.

One was that it was a CAF problem, not a VAC problem. Two, according to them, there was no medical evidence that I needed the wheelchair. Therefore, I didn't need it. I have a prescription from my nurse practitioner, although that's not for the same thing that I was prescribed, and CAF bought it for me, but the prescription from the nurse practitioner is not appropriate or good enough. They want it from a specialist, and you just can't willy-nilly get in to see a specialist these days, so I just paid for it on my own.

● (1955)

Ms. Rachel Blaney: Thank you.

I understand that if you get a whole physical assessment, VAC will provide you with a brand new wheelchair, over just paying the \$50 to repair it. Is that correct?

Ms. Lisa Nilsson: Yes, that is correct. There are different line items that VAC will pay for.

Basically, if you're given a mobility aid in the Canadian Armed Forces, it's expected that they'll cover it, but they won't. They'll only cover the items that they actually pay for, so instead of paying \$100 for a couple of brakes to be adjusted and to be repaired, they would go out and buy a \$7,000 or \$8,000 new wheelchair.

The Chair: Thank you very much.

Now, let's start the second round.

I'd like to invite the MP from Yorkton—Melville, Mrs. Cathay Wagantall, to take the floor for five minutes.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you so much, Mr. Chair.

I just want to briefly mention this. When my husband and I were young, we went to a seminar on being good mates to each other and the differences between men and women. One of the gentlemen was talking about women and how we're like fine china teacups. My husband leaned over and said, "You are the most beautiful Pyrex I have ever seen."

Voices: Oh, oh!

Mrs. Cathay Wagantall: You guys are all amazing. I just want to say that.

I want to ask Ms. Siew a question.

We know about rape as a weapon in war. It appalls me. When I hear it was used as a weapon of war within my own country and armed forces.... You're from 1975. I think we're of a similar vintage.

You said:

I can state that overall the military, forced into this change in the 1970s, did so begrudgingly and with an unwillingness to accommodate women. They maintained this posture for as long as they possibly could. They proactively dismissed, mistreated, humiliated and even hurt us.

Both policy and culturally based barriers set conditions for abuse and harassment—physical, mental and sexual—and negated our voices.

Yours is the first one, out of all the testimonies from those who have come out, to say that so clearly. I think you have the foundation, experience and grounds to speak to this.

Capt(N) (Ret'd) Louise Siew: I certainly do. I have seen it over and over again. I have seen, on basic training, warrant officers sleeping with cadets and using it as a tool to get sex—convincing a cadet that, if they do this, they'll pass basic training. This is basic officer training. This is since 1979. I caught him and brought it to my senior leadership. The young recruit was sent home and the warrant officer was returned to work with me. It goes on and on. I have seen it over and over again.

Sexual abuse was used as a way of almost controlling—in some cases—women. I spent a year, at one time, in my career as a commander hiding from senior officers. I mean that literally.

Mrs. Cathay Wagantall: Thank you so much for being so blatantly honest about that and the woundedness that exists because of it.

I would like to ask Carly Arkell a question.

I have this on your background. It says, "Prior to joining the Survivor Perspectives Consulting Group". They were one of our first witnesses. I was so impressed with their capabilities and their desire to see healing and improvement. It's such a unique way of dealing with this issue within the armed forces. You're dealing with higher and lower ranks, and all of those issues.

Can you speak to that a bit—your experience there and the value you see in it?

● (2000)

Ms. Carly Arkell: Thank you. I'd love to.

We were a group of women who were frustrated. It was just under two years ago, when there was a lot of news and scandal about sexual misconduct in the military affecting those in senior ranks. We knew it didn't have to be this way. We knew there was more that could be done. We talk about weapons of war. It's fratricide. It infects and affects everyone. It makes the environment toxic.

I joined in 1998. I was SHARP-trained three times between my two different elements. I guess I needed the extra times. I just learned jokes. It was a joke. It didn't go anywhere.

One of our founders, Donna, developed a training program while working with another one in civilian sexual assault.

I'm sorry. I'm getting a little flustered here.

Mrs. Cathay Wagantall: That's okay. Take your time. It's fine.

Ms. Carly Arkell: She adapted the training, with their assistance and permission, for a uniform environment. It respects that we are soldiers. We are using violence as our tool, but we're still people. We need to take care of our people. The training focuses on not belittling anyone and not making people feel bad, or as if they have to be on edge or they can't be themselves. It's about humanity.

We've had people go into the training and be combative about being there, and then come out saying, "It's the first time I haven't felt like I'm the bad guy." We've had other people who were like, "Wow, I didn't realize I was contributing to the problem. I didn't think that." The impact has been profound.

My involvement has been very limited due to my health, but all of us founders and many other survivors in the background working together are contributing where we can and how we can. It's part of healing for us. We want to make it a better place for our colleagues and for our children.

Mrs. Cathay Wagantall: Do you sense there is a desire to see this as one of the significant tools to combat military sexual trauma and to come out of it better for men and women within the armed forces, and for the future of our young men and women who are going to serve?

Ms. Carly Arkell: I strongly believe this is a powerful tool. There's been some reluctance from the CAF for various reasons, but we've had interest expressed to us by other foreign militaries. If CAF won't take it, we'll go overseas.

Mrs. Cathay Wagantall: All right. Thank you so much.

I'm sorry, but I'm out of time.

The Chair: Thank you so much, Mrs. Wagantall.

Now for five minutes, I'd like to invite Mr. Rogers from Bonavista—Burin—Trinity to speak.

Please go ahead.

Mr. Churence Rogers (Bonavista—Burin—Trinity, Lib.): Thank you, Chair.

First of all, let me say a big welcome to all of our guests. These events you talk about and stories you tell are very riveting, and we've heard from lots of witnesses about some of the issues you've raised here again this evening.

I'd like to hear from our online guest, PO Nilsson, first of all. You mentioned several recommendations you would have for the committee. I suggest you submit these to the clerk in writing. Are there one or two you'd like to focus on? I know we only have five minutes, so if I could ask each of you to give me your top recommendation, what would it be?

PO Nilsson, maybe in one minute you could give us a couple of examples, and then give the others a minute each as well.

Ms. Lisa Nilsson: Absolutely, sir.

I've already submitted my recommendations. I just didn't quite get them in fast enough for translation. There are two major ones. The first one would be to remove bias and have bias training. Whether it's an unconscious or conscious bias, whether it's from a situation they've been in or it's a value they've been brought up with, help people to identify that in adjudicating certain claims.

Additionally, if a member comes in with a pre-existing health condition, and if they come in with an acute condition—it's not always mental health—have that looked at appropriately.

I'll do one more and then stop. It's to lift the ban on non-service-related illnesses and injuries, which are not covered by VAC, such as cancer, diabetes and genetic conditions such as hypermobility spectrum disorder and Ehlers-Danlos syndrome. These injuries may not be caused by our service, but they're definitely exacerbated by our service. Lots of times those injuries are non-existent until we are hurt. I'm awaiting genetic testing for Ehlers-Danlos syndrome.

• (2005)

Mr. Churence Rogers: That's great. Thank you so much.

I know the chair is watching our clock, so I'll start with Major Arkell, if you could.

Ms. Carly Arkell: Can I go last?

Mr. Churence Rogers: Okay. Whatever order, the clock is running.

Capt(N) (Ret'd) Louise Siew: I'll go.

For the CF, I think they should document the conditions of service that women experienced in the seventies, eighties and nineties. That includes equipment, trauma, all the activities they know about. When Lieutenant-General Bourgon testified, she acknowledged these things. They need to document them. They need to pass them to Veterans Affairs, and Veterans Affairs needs to consider these as the documents and records, so women don't have to prove these things themselves. I think that's my number one recommendation on the CF side.

On the VAC side, they need to look at the low-hanging fruit on those two bad things they have: the entitlement eligibility guidelines and the table of disabilities. They should focus in on the cumulative joint trauma guidelines. It's a low-hanging fruit. If they started to deal with that one and identified those things that affect women in terms of their joints, there would be lots more claims coming in from women who have nothing on their files.

There you go. There are my top two.

Mr. Churence Rogers: Do you want to go?

[*Translation*]

Ms. Lisa Cyr: I have two recommendations to make.

If someone files a complaint inside the organization, whether it's for sexual or psychological assault, and there's a recognized investigation, there needs to be follow-up outside as well, and sanctions be possible. The person who has been assaulted needs to know what has been done. Otherwise, we don't encourage other people to go through the whole complaint process, which is arduous...

The Chair: I apologize for interrupting you, but the House bells are ringing.

[*English*]

We have votes in about 30 minutes.

First of all, Mr. Tolmie and Mr. Desilets would like to intervene.

Mr. Tolmie.

Mr. Fraser Tolmie: Thank you, Mr. Chair.

We will allow for another 15 minutes to respect the witnesses that we have here. We need to be in the House, so we will go for another 15 minutes, if you don't mind.

The Chair: Thank you.

[*Translation*]

Monsieur Desilets, you have the floor.

Mr. Luc Desilets: I don't quite agree. We have five witnesses. We would be able to go ahead and vote even if we continued the meeting until five minutes before the end of the division bells. I would ask that, out of respect for the witnesses, we stay here as long as possible.

The Chair: Are there any other comments?

I need the committee's consent.

[*English*]

Would Mrs. Wagantall like to say something? No.

[*Translation*]

It was initially proposed to continue the meeting until 15 minutes before the vote.

[*English*]

Will it be 15 minutes or five minutes before the vote?

[*Translation*]

What does the committee intend to do?

Mr. Samson, you have the floor.

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): We are prepared to stay here until five minutes before the end of the division bell.

• (2010)

The Chair: All right.

Mr. Tolmie, you have the floor.

[*English*]

Mr. Fraser Tolmie: We're only here for 15 minutes. That's no disrespect to those who have come tonight.

As I started off in questioning, we recognize that the testimonies are very important to us, but unfortunately we have some procedures we need to follow. We are required in the House.

[*Translation*]

The Chair: Ms. Wagantall, you have the floor.

[*English*]

Mrs. Cathay Wagantall: I want to say the same. We strongly value everything you have to offer in your testimony. Thank you. I hope to speak to each of you again as well.

We have a scenario here where our values are being challenged. You know how important it is to take that stand when you need to. It's important that we be in the House for this vote.

I apologize.

The Chair: Thank you.

Do I have unanimous consent to go for 15 minutes?

Some hon. members: Agreed.

The Chair: We will stop at 8:25. Right now have we only two minutes left in your questions, Mr. Rogers.

Please go ahead.

Mr. Churence Rogers: Yes.

Ms. Nadine Schultz-Nielsen: As far as Veterans Affairs, I'd like to see more access to programs that encourage both mental health and physical activity.

For example, there are a lot of equestrian programs out there for veterans to spend time with horses, but in a lot of those programs, you can't ride the horses. Veterans want to not just pet the horses. They want to ride the horses. We want to have the physical activity because it's the movement. It's the physical activity that helps me the most.

Ms. Carly Arkell: I have two things.

One is for Veterans Affairs specifically. It's to review the table of benefits and update it to cover the modern veteran. It's not men from World War II. It's gender, types of injuries and types of accumulated trauma.

The second one is sort of a recommendation, but it's also a challenge to all members of the committee and to all members of Parliament to take back to your caucus members. With all legislation and all policies that come—as proposals, drafts or reviews—it's to consider the impact on veterans and on veterans' families, the opportunities to help us and the negative impacts on us too.

The Chair: Thank you very much.

[*Translation*]

I give Mr. Luc Desilets the floor for two and a half minutes.

Mr. Luc Desilets: Thank you, Mr. Chair.

Ms. Cyr, you alluded earlier to an amount of \$27,000 that the insurance company is claiming from you for an overpayment. Were you informed, at any point, of what to do?

Ms. Lisa Cyr: No, never. When I said I'd started a business to save my life and help my peers, I was asked to send in my tax returns. At the time, the café was operating at a loss, but for these people, it was income. At the time, I had started the restaurant with a friend. I was asked to pay \$27,000. I was discharged from the forces in September, and that's how much I was charged for the period from September to December. My friend was asked to pay \$47,000, and she ended up withdrawing from the café because she couldn't take the harassment from Manulife any more. Yet we were just trying to help each other.

As I told you, that's when I learned that Veterans Affairs wasn't giving me my 15% salary. Because of this, I was unable to reapply to Veterans Affairs Canada for reimbursement. I called the ombudsman, and it's still not resolved, because I'm told I hadn't made the claims.

Mr. Luc Desilets: Your café doesn't generate any income. You even operate at a loss. You're offering a service, as described earlier, but you're still being asked to pay \$27,000.

Ms. Lisa Cyr: Yes.

Mr. Luc Desilets: Have you received any support for your project? You certainly haven't received any from the forces, but what about Veterans Affairs Canada?

Ms. Lisa Cyr: No, never.

• (2015)

Mr. Luc Desilets: It's before the ombudsman.

Ms. Lisa Cyr: Yes.

Mr. Luc Desilets: All right.

Thank you very much.

The Chair: Thank you, Mr. Desilets.

[*English*]

Now I would like to invite Ms. Rachel Blaney, for two and a half minutes, please.

Ms. Rachel Blaney: Thank you, Chair.

I would like to ask a question of retired leading seaman Nadine Schultz-Nielsen.

I'm wondering, based on your testimony, whether you can explain the difference between your PTSD and major depressive disorder.

Ms. Nadine Schultz-Nielsen: Thank you, Chair.

I started getting treatment for PTSD in 2014 after a diagnosis from a civilian psychologist. PTSD, for me, is manageable. With the treatment that I've received over the years, I'm able to manage my symptoms. To be perfectly honest and clear, depression is a killer. I have yet to find a treatment that works for it and it eats you alive like a cancer.

Thank you.

Ms. Rachel Blaney: Thank you for that.

Could you explain the difference between the causes, so PTSD and the cause, and then the major depressive disorder? What do you think is the cause of the major depressive disorder?

Ms. Nadine Schultz-Nielsen: My PTSD has been linked to my military service and the assaults that I've experienced. My major depressive disorder came on after I was denied DEC by VAC. As far as I'm concerned, it's 100% caused by VAC. The denials, the jumping through hoops to be treated with a little bit of dignity, wear you down. You can't fix it.

Ms. Rachel Blaney: Thank you.

Retired Captain Siew, very quickly, you talked about changing the adjudication process of disability claims in the context of the needs of all women veterans. I'm wondering whether you could explain what you think that would look like. I think it's a fantastic idea.

Capt(N) (Ret'd) Louise Siew: I fundamentally believe that women are being expected to put in claims and provide the conditions of service with proof, and the bottom line is that they don't have any proof. But DND does know, the Canadian Forces does know, how these women were treated over the years. I think they owe an obligation to women veterans in that they didn't do anything for them when they were serving. They hurt them when they were serving, so they have an obligation now to identify just what they did.

They know. It's not like they don't. If they don't, there are stakeholder women like me across the veteran community who would be happy to come in and tell them. We are there. We know. We are dealing with veterans all the time. We'd be happy to explain.

If they provide that, it just means that the veteran herself doesn't have to document when she has no documentation. This is ridiculous. If they're going to do it with MST and acknowledge with MST that women's voices matter and that women's stories matter, and we know that already, that precedent has been set. That has already been done. This would move things ahead light years if we did just this one thing and the Canadian Armed Forces stepped up and said what they did to women. They know the equipment issues.

In my opinion, this is low-hanging fruit. It's something that they can do and it's something that will make a huge difference to women veterans.

The Chair: Thank you very much, Madam Blaney and Madam Siew.

The two last interventions will be for three minutes each.

I would like to invite Mrs. Wagantall to go ahead for three minutes, please.

Mrs. Cathay Wagantall: I did not expect that.

The Chair: I have your name on my list.

Mrs. Cathay Wagantall: It's all good, Chair. Thank you so much.

Ms. Siew, you talked about successfully redressing the maternity leave policy. Can you just embellish that a little bit?

Capt(N) (Ret'd) Louise Siew: Oh, it's a sad tale. It was 1986, first of all. At that time, if you took any maternity benefits whatsoever, you were considered to be on leave without pay. It affected your pension.

I fundamentally believe that, first of all, my pensionable service should not be impacted by the fact that I'm having a baby. I put in a redress of grievance. I didn't grieve the fact that I only got 17 weeks of leave without pay, so that I could move on to UIC—as it was called then—when the clerk beside me, my secretary, got 93 weeks of paid leave, which it was at that time. However, I did just grieve that position to make sure—I had to fill it out three times during the course of my pregnancy—and they approved it the day after my son was born and made sure it wasn't retroactive.

Just so we're clear here, they approved it the day after and made sure it wasn't retroactive. That's what I'm talking about by spiteful policies.

• (2020)

Mrs. Cathay Wagantall: Right. Thank you.

I believe it was you, Ms. Nielsen, who said, “My mental health has hindered my ability to apply for benefits.” What you were just talking about was sanctuary trauma, which really is so much of this. I hear that a lot from all veterans who are suffering significantly. What is destroying them is the fact that they feel so undervalued by Veterans Affairs.

Is that a fair statement in terms of what you were saying with regard to the depression you have suffered?

Ms. Nadine Schultz-Nielsen: Yes. In 2015 I actually applied for sanctuary trauma through Veterans Affairs. My claim was suspended, which means there's no recourse. You can't appeal it. It's done.

Yes, sanctuary trauma is exactly what we're all experiencing through our dealings with Veterans Affairs.

Mrs. Cathay Wagantall: Ms. Nilsson, would you like to comment on that at all with regard to your relationship with VAC and how that has impacted your health?

Ms. Lisa Nilsson: I'm sorry....

Mrs. Cathay Wagantall: Did you have anything you wanted to say about the impact of the constant struggle, I guess, in regard to dealing with VAC and the impact on your overall health?

Ms. Lisa Nilsson: Yes, ma'am. For me, on dealing with Veterans Affairs, when I have to deal with Veterans Affairs, I shut down for about three or four weeks after I deal with them. I start shaking. I see an email on my VAC account and I just shut down.

I just recently got a reassessment for my cervical spine, and I have in total probably 14 pages of paperwork to do. Actually, I just got a call from my physiatrist before we started this, and he doesn't want to do paperwork because he doesn't want to deal with Veterans Affairs people.

That's how—

The Chair: Thank you very much.

Mrs. Cathay Wagantall: Thank you so much.

The Chair: This is the last intervention.

You have three minutes, please, Mr. Sean Casey.

Mr. Sean Casey (Charlottetown, Lib.): Thank you very much, Mr. Chair.

Thank you to all of our witnesses for your very powerful and courageous testimony.

I'm going to single out Ms. Schultz-Nielsen for a comment and then I'm going to come to you, Captain Siew.

Ms. Schultz-Nielsen, before getting into politics, I practised law for 17 years as a litigator. I see that you were a representative plaintiff on the class action suit, with a \$900-million settlement. I don't have a specific question for you, but I want you to know that I read through the statement of claim, and the leadership and courage it would take to be a representative plaintiff and to have all those things in print for all the world to see is quite remarkable.

You have done a tremendous, tremendous service.

Voices: Hear, hear!

Mr. Sean Casey: Captain Siew, you were very blunt, direct, precise and explicit when you were asked what recommendations we should give in our report. You can be pretty darned sure that they're going to end up there.

• (2025)

Capt(N) (Ret'd) Louise Siew: Thank you.

Mr. Sean Casey: I see in your background that you were the co-chair of the Minister of Veterans Affairs policy advisory group.

Capt(N) (Ret'd) Louise Siew: No. That's my baby sister in the back of the room, sir.

Mr. Sean Casey: Your baby sister—

Capt(N) (Ret'd) Louise Siew: My baby sister in the back of the room, sir. How's that? There you go.

Mr. Sean Casey: Yes, that kind of takes away that question.

Voices: Oh, oh!

Capt(N) (Ret'd) Louise Siew: We've been very careful about that, sir.

Mr. Sean Casey: Do you think you could have a word with your baby sister with respect to that advice to make sure that it gets through to that committee? Having it in the report is one thing, but having it discussed at a committee with that sort of leadership will be extremely valuable.

Capt(N) (Ret'd) Louise Siew: Okay, sir.

Mr. Sean Casey: I have one minute.

There have been a couple of references today to case managers.

Ms. Arkell, you mentioned, I think, that your case manager referred you to OSI. Could you comment generally on your experience with case managers within Veterans Affairs? That would be helpful.

Ms. Carly Arkell: I feel like I'm a unique case, because I have an amazing one. I keep telling her that she needs to be cloned. She is fantastic. She is the reason why I don't have panic attacks when I get messages from my VAC—even when I'm struggling, I still freeze.

I'm very close friends with Lisa, and I can't tell you how many times I've answered texts, calls and messages. We have a pact be-

tween the two of us to reach out to each other. I can't begin to describe what I watched her go through, and mine is the polar opposite.

We need more case managers with good training who want to be there and aren't using it as a stepping stone to get into the public service, ones who understand trauma-informed care and are dedicated to us. My case manager's limitations are the policy. The policy is tying her hands, but she will fight damn hard for me, and everyone deserves that.

Mr. Sean Casey: I'm pleased to tell you that your experience isn't unique. It isn't universal, but it isn't unique. Thank you for sharing it with us.

Thank you, Mr. Chair.

The Chair: Thank you, Mr. Casey.

Thank you very much. I know that you have a lot to say, but I'm sorry. We have to stop right here. There was a lot of wonderful testimony, and on my behalf and on behalf of the committee, I'd like to thank all of you.

I know that it is not over and that you still have to struggle with some problems.

[*Translation*]

I wish you much courage.

On behalf of the members of the committee, I would like to acknowledge the five witnesses who have appeared today. As individuals, we had Ms. Carly Arkell, Major (retired); Ms. Lisa Nilsson, Petty Officer 2nd Class (retired), who was participating via video-conference; Ms. Nadine Schultz-Nielsen, Leading Seaman (retired); Ms. Louise Siew, Captain (retired). We also welcomed Ms. Lisa Cyr, Corporal (retired) and owner of Café Félin Ma Langue Aux Chats.

I would also like to thank the interpreters and all the members of the technical team who worked on this meeting.

The meeting is adjourned.

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